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FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION**

Sudan

Addendum

SUMMARY

The present addendum to the country note submitted to the Executive Board at its first regular session in January 1996 contains the final country programme recommendation for Board approval.

The Executive Director recommends that the Executive Board approve the country programme of Sudan for the period 1997 to 2001 in the amount of $19,650,000 from general resources, subject to the availability of funds, and $25,000,000 in supplementary funds, subject to the availability of specific-purpose contributions.

* E/ICEF/1996/18.

** The original country note provided only indicative figures for estimated programme cooperation. The figures provided in the present addendum are final and take into account unspent balances of programme cooperation at the end of 1995. They will be contained in the "Summary of 1996 recommendations for general resources and supplementary funding programmes" (E/ICEF/1996/P/L.43/Add.2).

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THE SITUATION OF CHILDREN AND WOMEN

1. Drought, famine and conflict have worsened the lives of some 5 million people in southern Sudan since 1983. More than 1.5 million people have died and 80 per cent of the population have been displaced at least once. These disasters have wrought increasing problems for children: 22 per cent of the labour force are children; and the numbers of street children, disabled children and traumatized and exploited children have increased. The economy has been drained and the social services system has been weakened. The country's widely dispersed population and inadequate communications and infrastructure have increased the costs of providing basic services. The International Monetary Fund and the World Bank have suspended operations in the Sudan and bilateral aid for development programmes has virtually ceased. In 1994, the Government began a process of decentralization to mobilize local resources to address regional disparities. The existing nine regions were reorganized into 26 states, and the responsibilities for providing basic services and implementing development programmes were devolved to the states and local councils.

2. Most deaths of children under five years of age are infant deaths. According to national statistics, the infant mortality rate declined from more than 200 per 1,000 live births in the early 1980s to 119 in 1994, but it is still over 170 in southern Sudan. The under-five mortality rate is 128 per 1,000 live births, but it is 19 per cent higher in rural and urban areas, with the highest rates in eastern, western and southern states. Child immunization coverage is far below the mid-decade target of 80 per cent and the oral rehydration therapy (ORT) usage rate is still low. Malaria is the number one health problem, and together with diarrhoeal disease and acute respiratory infections (ARI), is the major cause of infant and child mortality and morbidity. About one third of the children under five years of age are under weight and an almost equal number are stunted. Wasting affects 13 per cent of children. Malnutrition is higher among displaced and war-affected children. Dracunculiasis (guinea worm disease) is endemic in 2,100 villages, mainly in southern Sudan, with nearly 65,000 cases in 1995. It is estimated that the number of HIV-positive cases will reach 100,000 by the year 2000.

3. According to national statistics, the maternal mortality rate (MMR) declined from 610 per 100,000 live births in 1990 to 365 in 1994. Among displaced and war-affected women, however, MMR is estimated to be 850 per 100,000 live births. Some of the underlying causes of maternal mortality are anaemia, which affects 50 per cent of women; female genital mutilation, affecting more than 80 per cent of women; and a fertility rate of five to seven children per woman. Approximately 60 per cent of women are illiterate. Women often supplement family incomes and head 20 per cent of households in the north and 50 per cent in the south. Poverty and armed conflict have further increased the workload of Sudanese women.

4. Access to primary health care (PHC) in the north is less than 30 per cent, and most people in the south rely on a few annual contacts with mobile teams. Access to safe drinking water is 50 per cent in urban areas, 30 per cent in rural areas and 10 per cent in the south. Access to sanitary facilities is 50 per cent for urban families and 20 per cent for rural families. Primary school enrolment rates increased slightly from 50 to 53 per cent between 1980 and 1993, but there are still wide regional disparities. Current enrolment rates are 59 per cent for boys and 45 per cent for girls. Less than 38 per cent of girls in Darfur, Kordofan and the south attend school, compared with 71 per cent in Khartoum. Some 53 per cent of school-age children are enrolled in the north, but only 25 per cent of displaced and war-affected children are in school. Nearly 40 per cent of children drop out of school before completing the fifth grade, mainly because of the high costs of education, the lack of access (in Darfur, Kordofan and Eastern states and the south) and the low value placed on girls' education, particularly in rural areas.

5. The long-term challenge for Government-UNICEF cooperation is to continue to help the Sudan make its national programme of action (NPA) for children into a viable mechanism to support implementation of the Convention on the Rights of the Child. This will require, among other things, the development of more effective subnational capacities for rural service delivery.

PROGRAMME COOPERATION, 1991-1996

6. The continuing conflict and the shortage of resources limited the achievement of the objectives of the 1991-1996 country programme. The conflict has created conditions of insecurity, limited access to the most vulnerable groups and curtailed national investment in basic services. Limited success in raising supplementary funds was partly overcome through advocacy with the federal Government, which generated extrabudgetary contributions for national health, education and water and sanitation programmes, and through debt swaps and United Nations inter-agency collaboration. UNICEF emergency interventions in South Sudan continued though Operation Lifeline Sudan (OLS).

7. The five-year country programme for the period 1991-1995 and the one-year bridging programme for 1996 were designed to build national capacity to achieve the mid-decade goals. With continued advocacy efforts, Sudan ratified the Convention on Rights of the Child in 1990 and adopted an NPA in 1992. Despite national consultations, Sudan is yet to ratify the Convention on the Elimination of All Forms of Discrimination Against Women. However, the eradication of female genital mutilation is a priority objective of the NPA.

8. Technical support to and management of both the country programme and the Khartoum-based OLS emergency programme were integrated to improve complementarity and promote cost-effectiveness, for example, in the areas of immunization, diarrhoea management, nutrition, vitamin A supplementation, the provision of safe drinking water and sanitation, and basic education, with a priority focus on displaced and war-affected children and women.

9. Following the mid-term review, the country programme was adjusted to focus on achieving of the mid-decade goals. The country's 26 states were grouped into four categories based on access to health facilities and past performance with regard to the expanded programme on immunization (EPI). Various strategies were developed to sustain progress, e.g. the introduction of solar-powered cold-chain systems. After the cease-fire, surveillance and case containment for dracunculiasis were expanded to the south, and about 70 boreholes were drilled and hand-pumps installed in endemic villages. UNICEF assistance also contributed to the iodization of 80 per cent of the salt produced in the country.

10. The strategy in the water supply and sanitation sector shifted from an approach that concentrated on achievement of coverage targets in selected geographic areas to strategies that emphasize advocacy and capacity-building for increased national investment in the sector, enhanced community ownership and management of the programme. Programme planning, implementation and review were decentralized with the increased involvement of state governments, rural councils, non-governmental organizations (NGOs) and communities. In 1995, for the first time, the federal and state governments, local councils and communities provided 150 million Sudanese dinars to fund sectoral activities in Darfur, Kordofan, central and southern states. With this funding, communities have increased the use of low-cost hand-pumps and locally appropriate technology, as well as access to safe drinking water and sanitary means for excreta disposal. Against a target of 6,000 boreholes, some 4,200 were drilled with hand-pumps installed, and 244 hand-pumps and 17 hafirs (traditional water sources) were rehabilitated in the central region and the south, benefiting 360,000 people. Out of a target of 20,000 latrines, more than 10,000 household

latrines and 230 school/community latrines were constructed, benefiting more than 150,000 people. More than 1,200 village committees and 2,400 hand-pump mechanics were formed and trained in social mobilization.

11. UNICEF cooperation in basic education focused on mobilizing government resources; capacity-building for curriculum reform; teacher training; improving the information system; service delivery to reach out-of-school children, especially girls; and the use of community-based approaches. Facts for Life and life skills were added to the curriculum. In collaboration with the Central Bureau of Statistics (CBS) and the Ministry of Education, a pilot educational information system was developed and implemented in Khartoum and Kordofan. Some 1,300 schoolteachers were trained in multigrade teaching in Darfur, Kordofan, Central, Eastern and southern states. Through community-based initiatives, 130 mobile schools were established in Darfur to provide education to 5,300 nomadic children, 30 per cent of them girls. In 1996, another 60 mobile schools will be established in Kordofan for 3,700 out-of-school children. About 500,000 war-affected and displaced children received basic education under the emergency education project, thus enhancing equity of access, quality of education and the capacity of schools and community institutions.

12. When the Government assumed sole responsibility for addressing the needs of street children in 1993, UNICEF reoriented its child protection efforts to address the needs of disabled, traumatized and unaccompanied children. In collaboration with the Oxford Famine Relief Campaign, Radda Barnen and Save the Children Fund (United Kingdom), 200 children living in camps were reunited with their families. UNICEF also supported collaboration among NGOs and helped to develop the capacity of indigenous NGOs to plan and implement community-based interventions for early detection and rehabilitation of child disabilities. A centre for child trauma was established in Juba in southern Sudan.

13. In the area-based programme, the Child-Friendly Village Initiative (CFVI) has become a viable framework for mobilizing community involvement in planning, implementation and monitoring of integrated basic services, as well as facilitating intersectoral coordination and promoting inter-agency cooperation. The United Nations Development Programme (UNDP), the International Fund for Agricultural Development (IFAD) and UNICEF helped to expand the project in Kordofan from 20 villages in 1993 to 200. The establishment of village committees led to community participation. Subcommittees were also formed for health, nutrition, education and water and sanitation. Nearly 50 per cent of committee members are women. Training courses on PHC, the Bamako Initiative, safe motherhood and social mobilization benefited 228 community workers, 644 community leaders, 40 mobile theater groups and 12,000 health promoters in 100 villages. CFVI operates on the principle of cost-sharing and financing by communities, local councils and state governments. Communities contribute about 60 per cent of the costs of drilling and installation of hand-pumps, construction of latrines and construction and rehabilitation of schools. Local councils and state governments provide funds for the expansion of basic services. UNICEF provided support for training, planning, social mobilization and limited supplies which helped to increase service delivery. IFAD, UNDP and state governments focused on economic activities to alleviate poverty.

14. Gender concerns were addressed through capacity-building, essential research, advocacy and social mobilization, with NGOs and women's groups as the major partners. The women's empowerment and equality framework was adapted to the country situation. UNICEF supported the training of government and NGO personnel. Support also covered preparatory activities for the Fourth World Conference on Women, including the development of a national platform of action. Community education and social mobilization for the eradication of female genital mutilation, an NPA goal, was a priority, in collaboration with NGOs and the United Nations Population Fund (UNFPA).

15. Decentralized annual programme reviews involved state governments, NGOs, local communities and United Nations agencies and were followed by the mid-term review. In undertaking multiple indicator cluster surveys (MICS) and in conducting a major analysis of poverty trends, technical support to CBS led to the incorporation of information on child disabilities and female-headed households in the census. Support to the nationwide survey on girls' education helped to focus attention on national action to reduce gender disparities in basic education. Gender audits of water and sanitation and household food security programmes provided a framework for assessment of other programmes and generated recommendations on how gender concerns could be incorporated into the mainstream of future programmes of cooperation.

Lessons learned

16. Stronger partnerships are needed between the Government, NGOs and communities to generate and sustain achievements in realizing child rights. For example, the 80 per cent immunization coverage for infants achieved in 1990 could not be sustained due to low demand for immunization, the high cost of EPI campaigns, heavy dependence on external funding, inadequate data collection and reporting, and insufficient focus on the integration with other PHC services. Thus, the future programme strategy needs to address fully affordability and sustainability through counterpart financing and community participation.

17. The shift of responsibility for basic services from the federal Government to states, and the concomitant development of state situation analyses and programmes of action, provided a good basis for the further decentralization of UNICEF cooperation. However, the impact of the new decentralized administrative establishment on the country's development is recent and cannot yet be fully assessed. There is uncertainty as to the mechanism for the annual transfer of resources from the federal Government to all the new states. Because planning capacities in the new states are still limited, UNICEF collaboration at the state level has become increasingly crucial.

18. The micro-planning of CFVI helps to promote wider community participation in planning and managing projects. The UNDP area development scheme, which involves collaboration with IFAD and NGOs, provides an appropriate framework for income generation and increasing employment among the rural poor in conjunction with community initiatives for social services promoted by CFVI. Water and sanitation services require the establishment of improved, low-cost maintenance systems and the promotion of cost-recovery schemes. A UNICEF-sponsored study will assess the feasibility of introducing low-cost technologies for water and sanitation to increase national self-reliance.

19. Inadequate data on children and women limit the measurement of achievements and hinder rational planning and programming. In collaboration with national institutions, NGOs and United Nations agencies, UNICEF will support mechanisms to compile and use data required for programme planning, implementation, monitoring and evaluation. The causes of gender disparity and child labour and disability have not been sufficiently analysed and need attention.

20. Innovative sources of financing need to be promoted; these include debt swaps, traditional social security systems that have been consolidated into a Social Solidarity Fund using Zakat (an Islamic social tax) or other funds to provide services to the needy, and community contributions to water supply and sanitation schemes. An additional commitment of government resources is also needed.

21. In the south, collaboration under OLS with NGOs and the World Food Programme (WFP) in the areas of health, basic education, water and sanitation,

and nutrition can be adapted to reach other vulnerable groups. "Corridors of peace" and cease-fire intervals have been useful initiatives for accelerating such programmes as EPI and dracunculiasis eradication.

RECOMMENDED PROGRAMME COOPERATION, 1997-2001

General resources : $19,650,000
Supplementary funding: $25,000,000

Recommended programme cooperation a/

(In thousands of United States dollars)

	General resources	Supplementary funds	Total
Health and nutrition	6 250	10 250	16 500
Water supply and sanitation	4 295	8 000	12 295
Basic education	2 260	2 000	4 260
Child protection	685	1 000	1 685
Area-based services	1 290	3 000	4 290
Advocacy, planning and evaluation	4 870	750	5 620
Total	19 650	25 000	44 650

a/ The breakdown for estimated yearly expenditures is given in table 3.

22. For the first time, the situation analysis, which was updated in 1994, includes information from the southern sector. As described in the country note (E/ICEF/1996/P/L.39), the strategy meeting, which was attended by United Nations agencies, donor and Executive Board member missions, international and national NGOs and the Government, established a new set of priorities and strategies for UNICEF cooperation. After extensive consultations with state and local councils, the Government established an intersectoral task force to prepare the master plan of operations. The process yielded a comprehensive costing of the activities needed to achieve the NPA goals, which is being used by federal and state governments to forecast their development budgets for the next few years.

23. The Convention on Rights of the Child provides the framework for the proposed programme. UNICEF will promote nationwide dissemination of the Convention and help to upgrade the capacity of the National Council for Child Welfare (NCCW) to monitor its implementation. UNICEF will also support sensitization and orientation of policy makers, the media and programme implementors at all levels, including NGOs, to the stipulations of the Convention. One strategy will be advocacy with government and external partners on such issues as resource mobilization within the 20/20 initiative. Other strategies will involve expansion of service delivery support for the most vulnerable groups; developing the implementation capacity of agencies; and empowerment of parents and communities with knowledge and skills. In addition to OLS interventions, there will be a child protection programme for children in especially difficult circumstances, especially war-traumatized children. Operational research and evaluations will help to strengthen local-level monitoring of pilot activities in selected areas.

24. To support implementation of the NPA, the objectives of the proposed country programme are to: (a) reduce disparities in access to service and the coverage of children and women and to strengthen sustainability of these services; (b) strengthen PHC, basic education and water supply and sanitation systems so as to expand service coverage and improve the sustainability of programmes in selected disadvantaged regions; (c) improve information systems on the status of children and enhance national capacity to make sustainable progress towards the NPA goals; and (d) expand protection services for children in especially difficult circumstances. The country programme will focus on the locations of Kordofan, Darfur and the southern states, targeting assistance to the most vulnerable groups (remote rural areas, nomadic children, displaced and war-affected populations and women and girls), and complement OLS coverage. A decentralized approach will involve collaboration with state governments and local councils, building their capacity for improved programme planning, implementation and monitoring. The strategies for community empowerment and mobilization will encourage women's participation in the planning and management of basic services.

Health and nutrition

25. The programme will support service delivery to increase immunization coverage for all antigens to at least 80 per cent and sustain these levels; reduce child morbidity and mortality due to preventable diseases; improve case management for diarrhoea and ARI; and provide vitamin A, iron and folic acid supplementation. In collaboration with the World Health Organization (WHO), a system for surveillance, case containment and prevention of malaria will be developed and implemented, especially in the most vulnerable areas in Darfur, Kordofan and the southern states. A social mobilization and communication package will be developed and disseminated to inform communities about the risks of malaria, its prevention and the role of the community in eliminating stagnant water ponds and mosquito breeding sites. Capacity-building will continue to be a central strategy involving training of health staff, traditional birth attendants (TBAs), healers and village health promoters for improved planning, management and implementation of services. Collaboration among UNFPA, UNICEF and WHO will strengthen community-based financing and management of PHC. Supplementary funds will be used to expand service delivery through improving capacities for monitoring and evaluation and the provision of health supplies, including vaccines, syringes, cold-chain supplies, essential drugs and food supplements.

26. Monitoring and management will be improved through strengthening national capacities for conducting MICS, periodic nutrition surveys and training for improved health management information systems at national and subnational levels. Social mobilization and communication will equip communities and families with the knowledge and skills required for appropriate practices such as ORT, home management of ARI, infant and child feeding (including breast-feeding), consumption of iodized salt and use of safe drinking water.

Water supply and sanitation

27. The objectives of the programme are to: (a) increase access to and use of safe drinking water among rural and displaced populations from 30 to 40 per cent, and in dracunculiasis-endemic areas from 10 to 30 per cent; (b) increase access to and use of sanitary means of excreta disposal in rural areas from 20 to 30 per cent; (c) extend hygiene and environmental education to 40 per cent of the rural and 60 per cent of the urban population; and (d) increase the effective utilization of existing systems by having at least 85 per cent of hand-pumps and 50 per cent of other systems functioning at any given time.

28. UNICEF will support the drilling of 8,500 new community boreholes and the installation of hand-pumps; the rehabilitation of 3,800 existing hand-pumps; improvement of 1,020 dug wells with hand-pumps; the protection of 770 hafirs; the installation or improvement of 40 community water supply systems; and the adoption of low-cost technologies for sanitary excreta disposal by 300,000 families in dracunculiasis endemic areas. This assistance will help to mobilize local government and community resources to finance and manage systems. Capacity-building will include technical support for the adoption of a sectoral investment plan; low-cost appropriate technologies and training for community-owned, managed and maintained systems; and improved monitoring and evaluation. Advocacy and social mobilization will focus on sanitation and hygiene education and on promoting women's participation in programme planning and management. Supplementary funds will be used to improve access to safe drinking water and proper sanitation through the dissemination of low-cost technologies, e.g. hand pumps, health education, community monitoring capacity and the provision of supplies.

Basic education

29. The programme will facilitate access for 125,000 rural and 250,000 nomadic children, especially out-of-school girls, through implementation of community-based approaches, including the Village Education for All Initiative, in 35 rural councils in Kordofan, Darfur and southern states. A further 500,000 war-affected and displaced children, especially girls, will benefit from the emergency education project. Capacity-building will give priority to curriculum development and reform; improving the quality of training for 8,300 teachers in the 16 states of Kordofan, Darfur and south Sudan; and the formulation of a national strategy for the provision of improved textbooks and essential teaching/learning materials. UNICEF will assist in improving the educational database in North Kordofan, Gezira and Khartoum. Social mobilization will be geared to sensitizing communities to girls' needs for education and increasing community management of basic education. Supplementary funds will help to accelerate training of primary school teachers, improve the information database, promote curricular reforms and provide educational materials.

Child protection

30. The programme will provide essential community-based services for 200,000 traumatized children and promote the reunification of 1,900 children living in camps with their families. The capacity of NGOs to respond to child protection needs will be upgraded through training of 300 NGO workers and support for experimenting with community-based interventions. Support will be given to 10 state governments to develop their capacity to conduct research on children in especially difficult circumstances. Essential material and technical support will be provided to the Centre for Child Trauma, and 750 workers will be trained. The status of working children, exploitative forms of child labour and the impact of conflict on children will be documented, and the information used for advocacy, legislative reform and community action within the framework of the Convention on the Rights of the Child. UNICEF will support planning, implementation and assessment of a mass media programme for the prevention of childhood disability. The emergency education project will support teacher training and curricular reform to promote the concepts of peace, human rights and tolerance. Supplementary funds will cover staff training, research on children in difficult circumstances, communication materials on the prevention of childhood disability and peace education.

Area-based services

31. The programme aims to build the capacity of local communities to plan and manage basic services for children and women by expanding CFVI to 500 villages. UNICEF will support the formation and training of 500 village committees with 6,000 members, including 2,300 women and 500 children. The committees will survey progress towards achievement of the decade goals and develop plans of action to improve the health and nutrition of 70,000 children under five years of age and an equal number of women. In addition, 125,000 children aged 6-13 years will receive basic education, and the families of 130,000 girls will be persuaded to cease the practice of female genital mutilation. Support for community-based initiatives will include the provision of health and educational supplies, leading to the establishing a cost-sharing approach. The capacity of state governments and local councils to plan and support community involvement will be enhanced through advocacy, training and social mobilization activities for some 500,000 people, using traditional interpersonal media, e.g. mobile theatre groups. Collaboration with UNDP and IFAD in the area development schemes will be strengthened to facilitate implementation of state programmes of action. Supplementary funds will be used to expand activities through developing the capacities of state governments and local councils to plan, coordinate and manage programmes. Social mobilization and community-based ventures for income generation for women will also be supported.

Advocacy, planning and evaluation

32. The programme will focus on integrating gender concerns into all programmes; advocacy to support the NPA goals; and improved planning, monitoring and evaluation of national programmes for children and women. Participatory monitoring tools will be employed, using key indicators to assess the effects of efforts to empower women to act on child and maternal survival issues, e.g. female genital mutilation. To eradicate female genital mutilation, a mass media programme will sensitize 250 community leaders, 875 female advocates, 750 teachers, 2,500 university students and youth and 2,000 TBAs, who in turn will implement community-level campaigns to benefit 150,000 communities in Kordofan, Darfur, Khartoum and eastern, northern and southern states. UNICEF will also support gender sensitization and the training of 2,400 staff of the federal and state governments, local councils and NGOs. Technical support will empower women with knowledge and skills to increase their participation in development programmes. Research will promote gender-based monitoring of programmes, assess the extent of women's participation in existing government programmes and recommend actions for policy and programme design. Supplementary funds will be used to promote women's concerns through nationwide advocacy and to provide technical assistance to empower women with knowledge and skills to enable them to participate in development programmes.

33. UNICEF advocacy will encourage stronger political commitment to the country's implementation and monitoring of the Convention on the Rights of the Child, as well as increased mobilization of resources for expanding coverage and improving the quality of services and the building of partnerships for children and women. Efforts to building the capacity of NCCW and its state branches for child-centred advocacy will focus on improved monitoring of implementation of the Convention. UNICEF will support an evaluation of the impact of social mobilization in creating public perceptions of child rights and public demand for child survival, development and protection activities. The results of the evaluation will be used to design and implement communication and social mobilization activities to support child rights and achievement of the NPA goals. UNICEF will help to train and build the capacities of some 6,500 media and village workers, including midwives, TBAs and community leaders, who will serve as organizers and mobilizers. Supplementary funds will help to enhance advocacy and social communication efforts.

34. UNICEF will support the preparation by state and local councils of their programmes of action for children and women. Situation analyses will be prepared in 10 priority states in 1997. In collaboration with the Ministry of Finance, UNICEF will help to assess the present system for costing, budgeting and financing of priority sectors at state and local levels. The results of the situation analyses and the assessment will be used to develop state programmes of action and to design and implement decentralized training, planning and monitoring systems. The national situation analysis will be updated twice during the programme cycle, in 1998 and 2001, and there will be annual MICS. The programme will also strengthen the capacity of CBS and government planning units to optimize the use of available information for planning, monitoring and evaluation. Essential research will address information gaps and assess the impact of economic and social policies and trends on women and children. UNICEF will promote participatory approaches to research through the training of researchers from the Government, NGOs and universities. UNICEF support to research, monitoring and evaluation will be an important contribution to a common country assessment of development indicators which will be undertaken in collaboration with UNDP, UNFPA, WFP and WHO. Supplementary funds will help to enhance national capacities in planning, monitoring and evaluation, including support for MICS and nutrition surveys.

35. Communities will be mobilized to provide human, financial and technical resources. Efforts will be made to make the decision-making process on resource allocation a matter of public discussion. To reach stated objectives in every programme, UNICEF resources will be matched with federal, state and local financing amounting to $35 million for health and nutrition, $47 million for water and sanitation and $18 million for education, advocacy, planning and evaluation. UNICEF will also pursue debt conversion which, since 1993, has resulted in $58 million in external debt being written off in exchange for the Government's contribution to the programme of $3 million in local currency.

36. In conformity with national development planning, UNDP, UNFPA and UNICEF have harmonized their programme cycles from 1997. UNDP AND UNICEF supported the formulation of the country strategy note. UNICEF and WHO collaborate on joint plans of action for the NPA goals, PHC assessments and activities for the prevention of HIV/AIDS. Collaboration with UNFPA emphasizes the eradication of harmful traditional practices and promotion of reproductive health. UNICEF collaboration with IFAD and the UNDP area development schemes helps to integrate poverty alleviation with basic services under CFVI. The WFP "food for work" and school feeding programmes complement UNICEF-assisted efforts in rehabilitating existing water sources and schools for displaced and war-affected people.

Programme management

37. To promote complementarity in programme management and increase cost-effectiveness, the programme and operations staff of the country office will manage the country programme and OLS. In the sub-offices, UNICEF staff will support both sets of interventions.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Sudan	(1994 and earlier years)		UNICEF country classification
Under-five mortality rate	122	(1994)	High U5MR
Infant mortality rate	74	(1994)	High IMR
GNP per capita	$ 480	(1988)	Low-income GNP
Total population	27.4 million	(1994)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	1994
Births	(thousands)	654	848	1001	1078
Infant deaths (under 1)	(thousands)	98	102	90	79
Under-five deaths	(thousands)	166	170	150	131
Under-five mortality rate (per 1,000 live births)		254	200	150	122
Infant mortality rate (under 1) (per 1,000 live births)		151	120	90	74

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1987/1993)	Moderate & severe	35 *	34
	Severe	7 *	11
Babies with low birth weight (%, 1979/1985)		17	15
Primary school children reaching grade 5 (%, 1985/1991)		78	94

NUTRITION INDICATORS	About 1980	Most recent
Exclusive breast-feeding rate (<4 mos.) (%, 1989)	..	14
Timely complementary feeding rate (6-9 mos.) (%, 1989)	..	45
Continued breast-feeding rate (20-23 mos.) (%, 1989)	..	44
Prevalence of wasting (0-59 mos.) (%, 1993)	..	13
Prevalence of stunting (0-59 mos.) (%, 1993)	..	33
Daily per capita calorie supply (% of requirements, 1979-1981/1988-1990)	101	87
Total goitre rate (est.)	..	20
Household expenditure (% of total income, 1980 or 1985) All food/cereals	.. / ..	60 / ..

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1990)		..	36
Access to health services	Total	..	51
(% of population, 1985)	Urban/rural	.. / ..	90 / 40
Access to safe water	Total	..	60
(% of population, 1990)	Urban/rural	.. / ..	84 / 41
Access to adequate sanitation	Total	..	22
(% of population, 1993)	Urban/rural	.. / ..	79 / 4
Births attended by trained personnel (%, 1981/1990)		23	69
Maternal mortality rate (per 100,000 live births, 1990)		..	660

Immunization		1981	1985	1990	1994
One-year-olds (%) immunized against:	Tuberculosis	3	12	73	78
	DPT	1	8	62	69
	Polio	1	8	62	70
	Measles	1	6	57	76
Pregnant women (%) immunized against:	Tetanus	1	3	14	56

* Reanalysed data provided by ACC/SCN.

TABLE 1 (continued)

Sudan

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net) (%, 1980/1991)	Total	50 / ..	52 / ..
	Male	59 / ..	59 / ..
	Female	41 / ..	45 / ..
Secondary enrolment ratio (gross/net) (%, 1980/1991)	Total	16 / ..	21 / ..
	Male	20 / ..	24 / ..
	Female	12 / ..	19 / ..
Adult literacy rate, 15 years & older (%, 1980/1995)	Total	30	46
	Male/female	43 / 17	58 / 35
Radio/television sets (per 1,000 population, 1980/1993)		187 / 43	257 / 80

DEMOGRAPHIC INDICATORS		1970	1980	1990	1994	2000
Total population	(thousands)	13859	18681	24585	27361	32079
Population aged 0-15 years	(thousands)	6459	8789	11580	12681	14465
Population aged 0-4 years	(thousands)	2501	3452	4267	4629	5260
Urban population (% of total)		16.4	20.0	22.6	24.3	27.3
Life expectancy at birth (years)	Total	43	48	52	54	56
	Male	41	47	51	52	55
	Female	44	49	53	55	57
Total fertility rate		6.7	6.5	5.9	5.6	5.2
Crude birth rate (per 1,000 population)		47	45	41	39	38
Crude death rate (per 1,000 population)		21	17	14	13	11

		About 1980	Most recent
Contraceptive prevalence rate (%, 1990)		..	9
Population annual growth rate (%, 1965-1980/1980-1994)	Total	2.8	2.7
	Urban	5.6	4.1

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate (%, 1973-1985/1985-1994)		0.8	-0.2
Inflation rate (%, 1965-1980/1985-1994)		12	55
Population in absolute poverty (%)	Urban/rural	.. / 85	.. / ..
Household income share (%)	Top 20%/bottom 40%	.. / ..	.. / ..
Government expenditure (% of total expenditure, 1980)	Health/education	1 / 10	.. / ..
	Defence	13	..
Household expenditure (% share of total, 1980 or 1985)	Health/education	.. / ..	5 / 3
Official development assistance: (1980/1994)	$US millions	583	412
	As % of GNP	9	..
Debt service (% of goods and services exports(1980/1992)		10	5

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1991-1996 a/

COUNTRY: SUDAN
LATEST BOARD APPROVAL: 1995
GENERAL RESOURCES: $31,917,284

(In thousands of United States dollars)

Programme sectors/areas	Supplies and equipment (actual)		Training grants (actual)		Project staff (actual)		Other cash (actual)		TOTAL					
									General resources		SF		Total (GR & SF)	
	GR b/	FSF	GR b/	FSF	GR b/	FSF	GR b/	FSF	Actual b/	Planned c/	Actual	Planned c/	Actual	Planned
Health	7286	3171	293	159	2053	625	1131	483	10763	9320	4438	32240	15201	41560
Water supply and sanitation	4185	5933	85	34	2652	179	676	499	7599	8300	6644	21460	14243	29760
Nutrition	186	524	56	12	156	26	168	25	566	690	588	2302	1154	2992
Education	703	151	186	8	521	0	429	77	1839	2,705	236	7,470	2075	10175
Women-centred programme	73	24	144	14	118	0	252	88	588	575	126	2,320	714	2895
Children in especially difficult circumstances	83	315	58	91	322	333	247	341	709	1,635	1080	5,100	1789	6735
Social mobilization and advocacy	233	(6)	53	4	409	0	301	3	995	1,100	1	0	997	1100
Planning and social statistics	145	0	20	0	1,412	0	409	0	1985	2,760	0	0	1985	2760
Urban basic services	0	0	0	0	0	0	0	0	0	1,450	0	5,350	0	6800
Integrated area-based programme	0	0	0	0	0	0	0	0	0	1,965	0	7,795	0	9760
Unallocated	0	0	0	0	0	0	0	0	0	1,417	0	0	0	1417
Programme Support	267	791	30	72	920	366	305	259	1522	0	1489	0	3011	0
Emergency	1,886	33,338	0	278	325	3,726	1,123	6,220	3334	0	43562	0	46896	0
Miscellaneous	286	0	16	0	0	0	602	24	904	0	24	0	928	0
Recovery	0	0	0	0	0	0	0	1,072	0	0	1072	0	1072	0
GRAND TOTAL	15333	44242	942	673	8888	5256	5642	9091	30804	31917	59262	84037	90066	115954

GR = General resources.
FSF = Funded supplementary programmes.
SF = Supplementary programmes, funded and unfunded.

a/ Actual expenditure includes expenditure recorded as at 31 December 1995.
b/ Actual GR expenditure includes allocations from global funds.
c/ Includes 1996 bridging programme(E/ICEF/1995/P/L.30).

/....

TABLE 3

PLANNED YEARLY EXPENDITURES

COUNTRY: SUDAN
PROGRAMME CYCLE: 1997-2001

(In thousands of United States dollars)

		1997	1998	1999	2000	2001	TOTAL
HEALTH AND NUTRITION	GR	1,450	1,200	1,200	1,200	1,200	6,250
	FSF						
	NSF	2,050	2,050	2,050	2,050	2,050	10,250
	TOTAL	3,500	3,250	3,250	3,250	3,250	16,500
WATER SUPPLY AND SANITATION	GR	970	850	825	825	825	4,295
	FSF						
	NSF	1,600	1,600	1,600	1,600	1,600	8,000
	TOTAL	2,570	2,450	2,425	2,425	2,425	12,295
BASIC EDUCATION	GR	460	450	450	450	450	2,260
	FSF						
	NSF	400	400	400	400	400	2,000
	TOTAL	860	850	850	850	850	4,260
AREA-BASED SERVICES	GR	270	270	250	250	250	1,290
	FSF						
	NSF	600	600	600	600	600	3,000
	TOTAL	870	870	850	850	850	4,290
PLANNING, ADVOCACY AND EVALUATION	GR	1,050	955	955	955	955	4,870
	FSF						
	NSF	150	150	150	150	150	750
	TOTAL	1,200	1,105	1,105	1,105	1,105	5,620
CHILD PROTECTION	GR	200	125	120	120	120	685
	FSF						
	NSF	200	200	200	200	200	1,000
	TOTAL	400	325	320	320	320	1,685
TOTAL	GR	4,400	3,850	3,800	3,800	3,800	19,650
	FSF						
	NSF	5,000	5,000	5,000	5,000	5,000	25,000
	TOTAL	9,400	8,850	8,800	8,800	8,800	44,650

GR = general resources.
FSF = funded supplementary funding.
NSF = new supplementary funding.

TABLE 4

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : SUDAN
PROGRAMME : 1997-2001

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET (In thousands of US dollars)				POSTS a/										STAFF COSTS b/ (In thousands of US dollars)		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GENERAL RESOURCES																	
HEALTH AND NUTRITION	6,250			6,250	0	0	1	1	0	0	2	2	2	6	1,614.0	382.0	1,996.0
WATER SUPPLY AND SANITATION	4,295			4,295	0	0	1	0	0	0	1	1	1	3	976.7	194.7	1,171.4
BASIC EDUCATION	2,260			2,260	0	0	0	1	0	0	1	1	1	3	765.7	183.5	949.2
AREA-BASED SERVICES	1,290			1,290	0	0	0	0	0	0	0	1	0	1	0.0	139.0	139.0
PLANNING, ADVOCACY AND EVALUATION	4,870			4,870	0	0	0	1	0	0	1	5	20	26	822.3	1,621.1	2,443.4
CHILD PROTECTION	685			685	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
TOTAL GR	19,650			19,650	0	0	2	3	0	0	5	10	24	39	4,178.7	2,520.3	6,699.0
SUPPLEMENTARY FUNDING																	
HEALTH AND NUTRITION		0	10,250	10,250	0	0	0	0	0	0	1	1	4	6	0.0	291.0	291.0
WATER SUPPLY AND SANITATION		0	8,000	8,000	0	0	0	0	0	0	1	3	2	6	0.0	473.1	473.1
BASIC EDUCATION		0	2,000	2,000	0	0	0	0	0	0	0	1	5	6	0.0	436.0	436.0
AREA-BASED SERVICES		0	3,000	3,000	0	0	0	0	0	0	0	3	2	5	0.0	514.2	514.2
PLANNING, ADVOCACY AND EVALUATION		0	750	750	0	0	0	0	0	0	0	0	1	1	0.0	44.6	44.6
CHILD PROTECTION		0	1,000	1,000	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
TOTAL SF		0	25,000	25,000	0	0	0	0	0	0	2	8	14	24	0.0	1,758.9	1,758.9
TOTAL GR & SF	19,650	0	25,000	44,650	0	0	2	3	0	0	7	18	38	63	4,178.7	4,279.2	8,457.9
ADM. & PROGRAMME SUPPORT BUDGET		Operating costs		5,481.1													
		Staffing			0	1	1	1	0	0	3	2	12	17	2,479.4	1,179.2	3,658.6
GRAND TOTAL (GR+SF+ADM)					0	1	3	4	0	0	10	20	50	80	6,658.1	5,458.4	12,116.5
	Number of posts and staff costs:																
	Current programme cycle										35	25	93	153c/			
	At the end of proposed programme cycle (indicative only)										10	20	50	80	6,658.1	5,458.4	12,116.5

GR = general resources.
SF = supplementary funding.
FSF = funded supplementary funding.
NSF = new supplementary funding.
IP = international Professional.
NP = national Professional.
GS = General Service.
ADM = administrative.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Exclude temporary assistance and overtime; include costs of United Nations volunteers.
c/ Includes posts funded by emergency appeals (OLS).